



PTO/SB/21 (04-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number

09/620253

Filing Date

July 20, 2000

First Named Inventor

SIMKINS, BARRY A.

Art Unit

2125

Examiner Name

BAHTA, KIDEST

Total Number of Pages in This Submission

13

Attorney Docket Number

018563-003100US

Technology Center 2100

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**ENCLOSURES** (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                                | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                              | <input type="checkbox"/> Request for Refund   | Return Postcard   |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input checked="" type="checkbox"/> CD, Number of CD(s) (Reference Copies) <u>1</u>                     | Fee Authorization (See IDS page 2)  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                   | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application         |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53      |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Townsend and Townsend and Crew LLP

James M. Heslin

Reg. No. 29,541

Signature

Date

September 7, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Tiffany Wu

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September 2, 2004